

Vendor Question:

1. Network reimbursement: Is it the requirement of DHSS that network reimbursement rates remain at current PAAD levels?

DHSS Response:

No

Vendor Question:

2. Please provide a technical contact (name, phone number and email address, if available), at DHSS, and at any intermediary used by the State, for questions related to eligibility and other data transfer requirements. Can DHSS or your intermediary provide a description and/or diagram of the process that will be used to coordinate exchange of data files with SSA and CMS to verify eligibility and to transfer enrollment information?

DHSS Response:

The process is not in place yet. It will be determined by SSA and CMS. The State of New Jersey must work with all CMS-qualified PDPs and MA-PDs who operate in New Jersey. The State will work to ensure that the process for exchanging data files is the most effective and efficient for the State of New Jersey and the Medicare Part D sponsor.

Vendor Question:

3. Will electronic enrollment files be provided in the standard EDI 834 format?

DHSS Response:

The format has not been determined yet.

Vendor Question:

4. What are the file format requirements for entities receiving files?

DHSS Response:

These requirements have not been determined yet.

Vendor Question:

5. How many (if any) of the PAAD eligibles will be automatically enrolled in a PDP or MAPD as Dual Eligibles?

DHSS Response:

None.

Vendor Question:

6. We expect to provide weekly eligibility "lists" in electronic file format. Please define file requirements.

DHSS Response:

These requirements have not been determined yet. The State of New Jersey will establish file requirements and systems for exchanging data once it establishes working relationships with Medicare Part D sponsors in September 2005 when the bids are approved by CMS for Part D sponsors.

Vendor Question:

7. Please provide further details on what is meant by "split billing".

DHSS Response:

Split billing is the process of coordinating benefits between two insurance plans. Starting in 2006, Medicare Part D will become the primary payer of prescription drugs for PAAD beneficiaries and the PAAD program will become the secondary payer. Please describe your company's procedure for processing claims for pharmacies under this scenario.

Vendor Question:

8. In reference to the request for detailed costs to the State for using our PDP or MA-PD for PAAD beneficiaries, is the State interested in administrative costs only or benefit cost projections?

DHSS Response:

The State is interested in administrative costs only.

Vendor Question:

9. Formularies are due to be submitted to CMS by PDP and MA-PD sponsors on April 18th. They were not submitted in February. We intend to provide a copy of our formulary in the format that will be submitted to CMS; however, it is subject to CMS approval. Is that format acceptable?

DHSS Response:

Yes.

Vendor Question:

10. Is it the State's desire to offer mail order for PAAD and Senior Gold beneficiaries?

DHSS Response:

Current New Jersey law provides for mail order for PAAD and Senior Gold as long as a mail order provider meets certain criteria.

Vendor Question:

11. We use the standard ANSI 270 and 271 formats today for "real-time" eligibility and the 834 format mentioned above for batch. Are these standards acceptable to DHSS? What is the State's preferred method of receiving files or reports? (ie. FTP)

DHSS Response:

The State will determine the most effective and efficient method of receiving files or reports with each PDP or MA-PD once the State begins working with Medicare Part D sponsors in September 2005 when the bids are approved by CMS for Part D sponsors.

Vendor Question:

12. How many PAAD and Senior Gold members do not qualify for Part D? Is their benefits plan identical to all other PAAD members? Is DHSS willing to fund this population through an Administrative Services Only arrangement?

DHSS Response:

Medicare Part D is a voluntary program that will be available to Medicare beneficiaries entitled to benefits or enrolled in Medicare Part A or Part B. Currently, there are approximately 4,700 PAAD and Senior Gold beneficiaries who do not have Medicare benefits. Their benefits plan is identical to all other PAAD and Senior Gold beneficiaries. DHSS is willing to fund those PAAD and Senior Gold beneficiaries who do not qualify for Part D through an Administrative Services Only arrangement.

Vendor Question:

13. Please provide further details on these beneficiaries. Who are they? Why wouldn't they qualify for Part D services? What type of benefits would be provided to them - same as those beneficiaries that do qualify for Part D services?

DHSS Response:

Medicare Part D is a voluntary program that will be available to Medicare beneficiaries entitled to benefits or enrolled in Medicare Part A or Part B. Currently, there are approximately 4,700 PAAD and Senior Gold beneficiaries who do not have Medicare benefits. The current state-funded-only PAAD and Senior Gold programs will continue to serve in 2006 and beyond people who do not have Medicare benefits.

Vendor Question:

14. Will all rebate and/or Medicaid Best Price arrangements between DHSS and manufacturers (directly or through current vendors) for this population terminate?

DHSS Response:

Yes.

Vendor Question:

15. Please explain what is meant by "contraindicated drugs".

DHSS Response:

A contraindicated drug is a drug that may negatively interact with other drugs a person is taking or may be unnecessary based on drug utilization review criteria, such as drug-to-drug interaction or therapeutic duplication.

Vendor Question:

16. Will DHSS require its members to abide by the formulary of a PDP or MA-PD except for any formulary exceptions that may be made through the member or provider appeals process under Part D?

DHSS Response:

Under current law, PAAD pays for all drugs whose manufacturer agrees to pay a rebate. A change in law would be necessary to limit drug coverage.

Vendor Question:

17. Please provide the department's expected timeframes for your review of the submissions, follow up questions, decisions and awarding of contracts.

DHSS Response:

The State of New Jersey must work with all CMS-qualified PDPs and MA-PDs who operate in New Jersey. Consequently, the State's review of responses to the Request for Qualifications will be ongoing as potential PDPs and MA-PDs in New Jersey are identified. The State will begin working with all PDPs and MA-PDs in September 2005 when the bids are approved by CMS for Part D sponsors.

Vendor Question:

18. What are your expectations regarding the timeline for implementation (ie. education and outreach to PAAD enrollees, availability of enrollment files for PDP/PAAD wrap vendor outreach.)

DHSS Response:

Again, the State will begin working with all PDPs and MA-PDs on all aspects in September 2005 when the bids are approved by CMS for Part D sponsors.

Vendor Question:

19. It is noted that all the documents/information submitted in response to the Request for Qualifications shall be available to the general public as required by Executive Order No. 26. Will contractors have the ability to designate specific documents as proprietary and not for disclosure?

DHSS Response:

Yes.